

TEAM REGISTRATION FORM

Session Starts _____
Registration Deadline _____

DIVISION NAME: _____

TEAM NAME: _____

HOME LOCATION: _____

PICKUP/DROPOFF: _____

DAY OF PLAY (circle one): SAT SUN MON TUES WED THURS FRI

____ Existing Team

Please register our team with the roster listed below. We understand we can change players as needed during the first 4 weeks of play.

____ New Team

Please register our team with the roster listed below. We understand we can change players as needed during the first 4 weeks of play. Any player who does not have a current APA membership will pay their membership fee by the first week and submit a completed and signed membership application.

USE THIS ROSTER FOR NEW TEAMS OR EXISTING TEAMS WITH CHANGES:

The Team Captain is **required** to have a telephone and email address.

Team Captain: _____ Phone: _____ Email : _____

Player #2: _____ Phone: _____ Email : _____

Player #3: _____ Phone: _____ Email : _____

Player #4: _____ Phone: _____ Email : _____

Player #5: _____ Phone: _____ Email : _____

Player #6: _____ Phone: _____ Email : _____

Player #7: _____ Phone: _____ Email : _____

Player #8: _____ Phone: _____ Email : _____